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ABSTRACT

Information on early childhood learning and increasing demand for child care services have placed a spotlight on the need to improve the quality of early education and care in the United States. This report focuses on five factors tied to the success of military efforts to develop an exemplary model of quality and affordable care in the Military Child Care System (MCCS) that are relevant to civilian programs. The five factors discussed in the report are: (1) training and education of child care providers; (2) linkages between training and compensation; (3) subsidies to assure affordable costs for parents; (4) licensing and accreditation standards to improve quality; and (5) inspections and oversight to establish accountability within the system. The report notes that although revamping the MCCS was not easy, effective change strategies were accomplished based on four basic tenets: (1) child care is a fundamental workforce issue; (2) standards are established and enforced; (3) the child care workforce is trained as professionals; and (4) program costs are shared among parents and employer. (Contains 15 references.) (KB)

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Improving Child Care Quality: A Comparison of Military and Civilian Approaches

by Carol J. De Vita and Maria Montilla

New information on early childhood learning and increasing demand for child care services have placed a spotlight on the need to improve the quality of early education and care in America. Research on brain development and learning has shown the importance of early education for young children (Shonkoff and Phillips 2000). Surveys of child care settings have documented the mediocre to poor quality of many of our child care programs (Helburn and Bergmann 2002). Mothers who work outside the home report that child care is a critical factor in their lives, and welfare reforms are intrinsically linked to the availability of child care services. While almost everyone agrees that something needs to be done, there is less agreement on how to do it.

The U.S. Military Child Care System (MCCS) provides a model for addressing the problems of both affordable and quality care. As a study by the National Women's Law Center documented (Campbell et al. 2000), the MCCS turned its child care program from one that was plagued with allegations of abuse and poor conditions into an exemplary model of quality care and affordable costs. The success of these efforts is tied to five factors that are relevant to civilian programs:

- Training and education of child care providers;
- Linkages between training and compensation;
- Subsidies to assure affordable costs for parents;
- Licensing and accreditation standards to improve quality; and
- Inspections and oversight to establish accountability within the system.

These factors apply not only to the MCCS child development centers, but also to its family child care providers and after-school programs. The focus of this report, however, will be on child development centers.

Staff Training

Although many factors affect the quality of care, the education and training of child care workers are important indicators of quality. A well-trained staff follows basic health and safety standards and promotes positive child development (NICHD Early Child Care Research Network 2000). Despite the positive benefits of training and education, there are few incentives and many barriers for upgrading the skills of civilian child care workers. Providers are sometimes reluctant to offer training because it raises their operating costs. Child care workers who complete training or coursework are not always rewarded with higher wages or promotions. Licensing regulations in many states have only minimal, if any, training and education requirements for child care providers, and some states lack a sufficient educational infrastructure, such as community college courses in early child development, to provide appropriate training.

Over the past decade, states have searched for innovative ways to upgrade the professional credentials of child care providers and improve compensation

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levels. Programs such as Compensation and Retention Encourage Stability (CARES) in California, Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project in North Carolina, and Advancing Careers through Education and Training (ACET) in Georgia, have developed creative models that link continuing education and increased compensation. The most widely used program is the North Carolina T.E.A.C.H. model, which in April 2003 was operating in 23 states, providing scholarships to child care workers for coursework toward a Child Development Associate (CDA) credential or an associate or bachelor's degree in early childhood education.

Both the MCCS and civilian models are making important inroads to upgrade and professionalize the field (see table 1), but the MCCS has secured institutional support to facilitate and systematically improve the skills of its child care workers. In contrast, most state-level programs have been unable to generate sufficient government support to make their programs widely available and meet potential demand. Lack of resources limits participation and, in part, affects program designs.

The MCCS, for example, makes training mandatory. MCCS center directors must include training costs in their annual budgets to ensure that all caregivers receive training at no additional cost to the worker. Civilian programs, such as T.E.A.C.H., are voluntary. Both child care centers and workers must be willing to participate in the program and share the costs of training. Often the worker must commit to remain with her or his employer for a period of time after completing the training or lose access to future scholarship opportunities.

The MCCS has a standardized on-the-job training program and requires an on-the-job trainer, known as the "Training and Curriculum Specialist" (T&C). The T&C is responsible for training and curriculum development and works with caregivers to formulate an annual training plan. The T&C must have either a bachelor's or graduate degree in early childhood education or child development, and has primary responsibility for training other child care workers. The T.E.A.C.H. program, on the other hand, partners with community colleges to provide training and education for the child care workforce. Although this arrangement provides participants with college-level coursework, it may present barriers for some individuals if transportation is a problem or if time to take courses is limited.

Tying training to compensation is an important incentive. In the MCCS, a full-

TABLE 1. Models for Achieving a Child Development Associate Credential or Equivalent

Features	MCCS	T.E.A.C.H. Scholarship in NC
Participation	Mandatory.	Voluntary.
Training site	On-the-job.	Classes are offered by community colleges and may be given on campus, at other community locations, in child care programs, or via the Internet.
Average time to complete training	Completed in the first two years of being hired.	Typically uses two 12-month contracts—one for coursework and one for the assessment period.
Compensation	6% automatic raise after completing required initial training and 6 months experience; another 6% raise when training is done and competency is demonstrated within the required timeframe.	Receives a raise or a bonus. Average raise is 4–5% upon completion of 9–15 credits earned toward the degree.
Commitment to the field	Not required.	One year with sponsoring center after completing 9-15 credit hours.

Source: U.S. Department of Defense, Office of Children and Youth, 2002, and correspondence with Susan Russell, CCSA.
Note: The MCCS training program is based on the Child Development Associate (CDA) competencies.

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time, entry-level caregiver starts at the equivalent of a GS-2 government worker (roughly $17,000 per year in 2003) and can work up to GS-5 (between $23,000 and $30,000 annually). A 6 percent wage increase is automatically given after a caregiver completes the initial mandatory training and has six months of experience. Wages continue to increase as the caregiver completes the ongoing required training and demonstrates competency within the required timeframe. The T.E.A.C.H. program also links training and compensation, which comes as either a raise or a bonus. On average, individuals receive a 4 to 5 percent raise upon completion of 9 to 15 credits earned toward a degree. Additional training brings additional salary increases or bonuses.

Although civilian programs are helping to increase the professional credentials of the child care workforce, the voluntary nature of the programs and their limited program resources create an uphill battle for widespread improvement. Part of the strength of the MCCS comes from its mandated uniform standards and the institutional commitment of the Department of Defense. Without a similar commitment from public policymakers, upgrading the professional level of the civilian child care workforce is likely to be slow and cumbersome—a situation that results in less than optimal care for young children.

Wages and Benefits

For many workers, child care is an unattractive occupation because of its low wages, long hours, and scarce benefits. On average, civilian child care workers earn $7.86 per hour (Center for the Child Care Workforce 2002). They often work with children 50 or more hours per week, and sometimes put in additional unpaid hours for shopping, cleaning, and preparing activities. Relatively few workers receive benefits such as health insurance or pension plans. Center-based programs often face difficulties recruiting and retaining experienced and trained staff. A California study found that turnover rates for teaching staff were 30 percent in 1999-2000, and 56 percent of the centers reported that they were unable to replace the staff who were lost (Whitebook et al. 2001).

Although higher compensation may help attract and retain a competent child care workforce, improving compensation is not easy. Providers are unlikely to take the lead in this area because any increase in operating costs is generally passed to parents in the form of higher fees—an action that can result in fewer customers. Labor costs account for more than two-thirds of the total costs of running a child care program (U.S. General Accounting Office 1999). For workers with limited education and few employment options, child care is often seen as an entry-level position. For some, it is a stepping-stone to gain more skills or experience as they seek better paying jobs.

To overcome such barriers, the MCCS implemented two strategies. First, it established a mandatory training program as a condition for employment, and second, it linked the training program to a career ladder that leads to increased compensation upon completion of each level of training and evidence of demonstrated competence.

Several states also use the career ladder model to professionalize the workforce and increase wages. Washington's Early Childhood Education Career and Wage Ladder, implemented in 1999, is one of the better-known state programs. It gives scheduled wage increases to child care workers based on experience, responsibility, and education. The initiative relies extensively on public funds (mostly TANF funds), and was developed after hard-fought advocacy campaigns.

As table 2 shows, there are many similarities between the MCCS and Washington models, but two important differences emerge. First, the MCCS, on average, offers more competitive wages. At every level, the MCCS pay scale is slightly higher than the one used in the Washington Career Ladder. Second, in the MCCS model only workers who hold a CDA certificate or AA degree can become child development technicians, while the Washington Career Ladder allows individuals without degrees to work in comparable positions (often called teachers), albeit at a lower hourly rate. Even child care workers who hold bachelor's degrees earn far less than an elementary school teacher. In Washington, for example, a child care worker with a college degree in the career ladder program, on average, earns roughly $23,000 per year compared with an elementary school teacher in Washington who earns $39,000 (U.S. Bureau of Labor Statistics 2001).

In addition to salaries, the MCCS offers regular full- and part-time caregivers life

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TABLE 2. Child Care Worker Hourly Wages by Training and Education, FY 2002

Training/Education	MCCS	Washington Career Ladder[a]
Assistants		
Pre-service training (equivalent to about 2 credits)	$8.26–11.72	$7.70–8.95
Required modules (equivalent to about 15 credits)	$8.76–12.42	$7.95–9.20
Required modules (equivalent to about 30 credits)	$9.29–13.17	$8.20–9.45
AA Degree in ECE[b] or CDA[c] Certificate	$9.85–13.96	$9.20–10.45
BS or BA Degree in ECE[b] or related field	$10.44–14.79	$10.20–11.45
Child Development Technicians or Teachers		
Required modules (equivalent to about 15 credits)	N/A	$8.45–9.70
Required modules (equivalent to about 30 credits)	N/A	$8.70–9.95
AA Degree in ECE or CDA Certificate	$9.85–13.96	$9.70–10.95
BS or BA Degree in ECE or related field	$10.44–14.79	$10.70–11.95

Source: U.S. Department of Defense, Office of Children and Youth, 2002; The Economic Opportunity Institute 2002.
a. Statewide rates, except for King County where rates are slightly higher.
b. Early Childhood Education (ECE)
c. Child Development Associate (CDA)
Note: These hourly rates do not include the added value of benefits. The MCCS wages vary by locality and sometimes by installation. Installation managers have the authority to select wages within the pay ranges to be competitive, (i.e., recruit and retain staff).

insurance, health insurance, sick leave, and retirement benefits, which can increase the total compensation package by 22 to 36 percent. Only a few states have begun to address benefit issues, such as health insurance. The T.E.A.C.H. Early Childhood® Health Insurance Program in North Carolina helps fund the cost of health insurance for individuals working in child care programs that have made a commitment to support the education and compensation of their staff. Michigan has a pilot program in Wayne County that provides health insurance to eligible child care workers through its state employee health insurance plans. Rhode Island offers qualified family and center-based child care providers access to the state's health insurance program. These programs and others offer promising strategies for making health insurance more affordable and accessible to the child care workforce.

Affordable Care

Good quality child care can be expensive. The average cost of center-based care for a preschool child ranges from about $4,000 to $6,000 per year, and for an infant, about $6,000 to $12,000 (Children's Defense Fund 2001). A family of four with an infant and preschooler in care and family income at the national median (approximately $62,200 in 2000) could spend between $10,000 and $18,000 per year on child care—or 16 to 30 percent of its annual income. For many families, especially lower-income families, such costs are simply unaffordable.

To ease the financial burden of care for low-income parents, states use federal and state funds to provide subsidies to providers. Parents make a copayment generally based on a sliding fee scale. Under a contract arrangement, providers negotiate their reimbursement rate within a designated cap (generally below the 75th percentile of the local market rate), and states obligate providers to certain terms, such as receiving a particular number of children or raising child care workers' salaries. In a voucher system, families receive a voucher and choose the provider who suits their needs. Providers submit the voucher to the state for payment. Although subsidies are available for low-income families, many eligible families are not receiving help. According to the U.S. Department of Health and Human Services (2000), only 12 percent of children with working parents and incomes under 85 percent of state median income actually received federal Child Care and Development Fund subsidies in 1999.

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In contrast, every military family with a child enrolled in a military child development center is eligible to use subsidized care regardless of the parent's military rank or family income. The program subsidy is established under Public Law 104-106, February 10, 1996, Chapter 88 Military Family Programs and Military Child Care, which requires the Department of Defense to provide an annual overall subsidy that is at least equal to the total amount of fees paid by parents. The MCCS subsidy funds are not earmarked, however. Each local commander includes child care as part of the installation's operating budget, and child care programs compete for funds with the rest of the local military programs (Smith and Colker 2001).

Parent fees at military child development centers are based on the family's total income, not on the age of the child as is the practice of many civilian child care programs. The sliding fee scale assures that quality care is affordable for all families. Fees in FY2001–02 ranged from $40 per week for a family earning less than $23,000 annually to $114 for families earning more than $70,000. Particularly for lower-income parents, the MCCS subsidy makes child care affordable, especially when compared to the average costs paid by their civilian counterparts (see figure 1). Although all military families benefit from the subsidy, lower-income families are provided more assistance than higher-income families who pay close to market rates.

Licensing, Accreditation, and Oversight

Licensing regulations and accreditation programs are common mechanisms for improving quality in child care programs, but they are administered in different ways. In most states the licensing agency has the authority to issue licenses, enforce standards, set procedures for revoking a license, and provide appeal mechanisms. State licensing requirements are generally regarded as minimum quality standards and focus on group size, staff/child ratios, and facility and safety features. The objective is to reduce risks and prevent harm to children. Accreditation, on the other hand, is a voluntary system offered by professional associations or similar organizations. These programs set uniform standards based on good practice to help parents identify high quality programs. They not only address health and safety, but also curriculum content, staff training, interactions between teachers and children, and so on. Providers must meet these standards before they can be accredited.

Like civilian programs, the MCCS seeks to ensure proper operation and quality in its child care programs. Its certification system corresponds to a state license in that it sets operating standards to govern facility features, health and sanitation practices, staff/child ratios, staff training and qualifications, child abuse procedures, funding practices, and parent participation. In addition, the MCCS requires its providers to meet national accreditation standards. If a provider does not receive accreditation, it receives assistance to improve the areas in which it is found lacking. Nearly all (95 percent) of the military child development centers are currently accredited, compared with about 10 percent of civilian centers (Zellman and Gates 2002).

The MCCS also emphasizes oversight procedures. MCCS established a system of periodic and unannounced inspections of its child development centers. Centers are subject to four unannounced inspections per year to ensure compliance with operation standards. The local inspection team consists of parents, staff from the military base, and civilians. Inspectors review items that reflect the basic certification requirements. One of the four unannounced inspections is conducted by higher headquarters' personnel. The rigorous enforcement of standards not only makes MCCS child care providers accountable for their programs, but it also sets them apart from their civilian counterparts who generally receive only cursory or sporadic oversight. In the civilian child care field, both providers and government agencies cite the lack of sufficient resources as a reason for poor monitoring and enforcement of standards (Azer et al. 2002).

Building Blocks for Improving Care

Revamping the military child care system was not an easy task, yet the military developed effective strategies that transformed a seriously flawed system to a model of quality care at an affordable price. Four basic tenets helped to undergird this transformation.

1. **Child care is a fundamental workforce issue.** The architects of the MCCS

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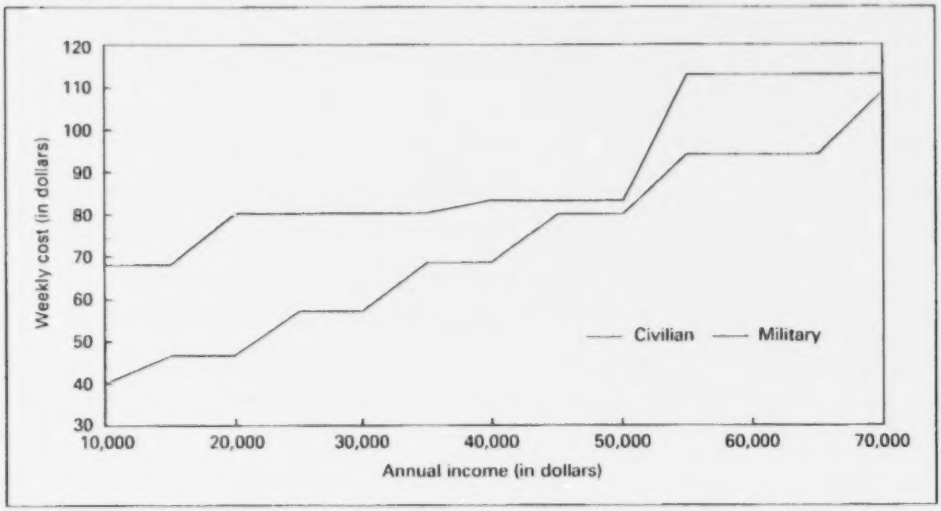
FIGURE 1. Parent's Average Weekly Costs for Center-based Care for a Child Under Age 5, by Military and Civilian Programs



Sources: Military data, The U.S. Department of Defense, Office of Children and Youth. Civilian data, U.S. Bureau of the Census, *Who's Minding the Kids?* Child Care Arrangements: Spring 1999, detailed tables (PPL-168).
Note: Civilian data reflect all types of care (center-based, family providers, and other paid arrangements) whereas the military data are just for center-based care.

understood the linkages between quality child care and worker productivity, and they framed their policy arguments around this basic tenet. If parents are to be productive at work, reformers argued, they must be sure that their children are being cared for in a safe, reliable, and nurturing environment. Making child care accessible, affordable, and good quality were primary goals of the reform effort.

2. **Standards are established and enforced.** To respond to past allegations of poor quality and to make the new system desirable for parents, the MCCS set uniform standards for quality care and backed these standards with enforcement procedures. The consequences for noncompliance can be severe—centers can be sanctioned or closed and employees dismissed. In situations where deficiencies are found, the MCCS works with centers and individuals to bring them up to standard and into compliance. Delivering quality care takes a team effort and is regarded as a shared responsibility among the caregivers, center directors, and MCCS administrators. Parents do not have to worry that child care quality will be compromised as they move from base to base.
3. **The child care workforce is trained as professionals.** Training and education are integral parts of the MCCS—not just for a few caregivers, but for all. Child care workers are given the tools to perform their jobs in a competent and professional manner, and they are rewarded for their knowledge and expertise through systematic pay increases. As a result, there is a strong commitment to the child care field. Turnover rates in MCCS centers were over 300 percent annually at some locations in 1989, but the rates dropped quickly and stayed down after the pay plan was implemented. In 2002, turnover averaged around 26 percent (Thompson 2003). This number includes military spouses who transfer with their spouses and work at other centers at their new location. Although these caregivers are not lost to the system, they are included in the turnover rate because they affect the continuity of care at their previous installation.
4. **Program costs are shared among parents and employer.** The costs of running a quality child care program can be high, and parents are generally unable to afford these costs in full. In the MCCS, the costs are shared between parents and

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employer. About half of the total program costs are subsidized by the Department of Defense, while parent fees, based on a sliding scale, make up the other half. No family using a military child development center pays the full cost of care. Because of program subsidies, the MCCS is able to budget its resources to ensure quality, set and enforce standards, and help caregivers meet the standards. Quality is not compromised.

As policymakers seek remedies to improve the quality of child care in America, the underlying building blocks of the MCCS can serve as a model. Some states are already moving in this direction. Eighteen states, for example, link higher reimbursement rates to child care programs that are professionally accredited (Gormley and Lucas 2000). Some foundations provide financial support for scholarship programs that encourage caregivers to improve their training and education and for centers to seek accreditation, but foundation resources alone are insufficient to meet the vast level of need in this area.

The MCCS model also demonstrates that significant subsidies and the enforcement of standards are needed to professionalize the field and make quality care and early education available to all young children. The amount of public resources committed to providing quality care and education in the civilian market has been inadequate to meet this goal, and the enforcement of existing standards has often been lacking. Reassessing how much money to appropriate for early education and care programs, and how to direct this money to ensure better quality is the challenge facing public policymakers today. The MCCS provides an important and systemic model for approaching these issues.

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